| Amanda Jean Sk | wier | | |
|--------------------------|--|---|---|
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| ankruptcy Court for the: | EASTERN DISTRICT O | PF MICHIGAN | |
| 19-48064 | | | |
| | | | ☐ Check if this is an amended filing |
| | First Name First Name ankruptcy Court for the: | First Name Middle Name First Name Middle Name ankruptcy Court for the: EASTERN DISTRICT C | First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN |

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 34,834.83 1c. Copy line 63, Total of all property on Schedule A/B..... 34,834.83 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 4,557.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 40,456.35 Your total liabilities Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,239.90 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2.235.58 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes

What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,603.46

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | ase and this filing | : | | | |
|---|---|---|---|---|--|--|
| Debtor 1 | Amanda Jean Skw | /ier | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| Jnited States Bankı | ruptcy Court for the: | EASTERN DISTRI | CT OF MICHIGAN | | | |
| Case number 19- | -48064 | | | | ☐ Check if this is an | |
| | -40004 | | | | amended filing | |
| | | | | | | |
| Official Forn | n 106A/B | | | | | |
| Schedule | A/B: Prope | ertv | | | 12/15 | |
| nink it fits best. Be a nformation. If more sp nswer every question | s complete and accurate pace is needed, attach a n. | e as possible. If two separate sheet to th | only once. If an asset fits in more than on married people are filing together, both are nis form. On the top of any additional page Estate You Own or Have an Interest In | e equally responsible for | supplying correct | |
| Do you own or have | e any legal or equitable | interest in any resid | ence, building, land, or similar property? | | | |
| ■ No. Go to P | Part 2. | | | | | |
| ☐ Yes. Where | e is the property? | | | | | |
| 1.1 | | What | What is the property? Check all that apply Do not | | t deduct secured claims or exemptions. Put | |
| Street address if a | vailable or other description | □ si | ngle-family home | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| 0.1001 aaa.1000, a.1 | Street address, if available, or other description | | uplex or multi-unit building | Current value of the Current value of the | | |
| City | State | ZIP Code Co | ondominium or cooperative | entire property? \$ | portion you own? \$ | |
| | | □ ма | anufactured or mobile home | | | |
| | | ☐ La | and | | | |
| | | ☐ In | vestment property | | | |
| | | = | meshare | | | |
| | | □ Ot | · · · · · · · · · · · · · · · · · · · | | your ownership interest | |
| | | Who one | has an interest in the property? Check | a life estate), if known | enancy by the entireties, or | |
| | | | Debtor 1 only | | | |
| | | _ | Debtor 2 only | - | | |
| | | | Debtor 1 and Debtor 2 only | | | |
| County | | | Debior 1 and Debior 2 only | Check if this is co | mmunity property | |
| County | | | At least one of the debtors and another | Check if this is considered (see instructions) | ommunity property | |
| County | | Other | • | (see instructions) | ommunity property | |

Official Form 106A/B Schedule A/B: Property page 1

| Del | btor 1 | Amanda Jea | n Skwier Case number | (if known) | 19-48064 |
|-------------|--------------------------|---|---|------------|---|
| | | | or homes, ATVs and other recreational vehicles, other vehicles, and accessori motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories | es | |
| | No | | | | |
| |] Yes | | | | |
| | | | | | |
| | | | the portion you own for all of your entries from Part 2, including any entries for Part 2. Write that number here | | \$0.00 |
| Par | t 3: Des | scribe Your Perso | nal and Household Items | | |
| | | | egal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | old goods and fu es: Major appliand | urnishings ces, furniture, linens, china, kitchenware | | |
| ı | Yes. | Describe | | | |
| | | | Various household goods and furnishings Location: 8331 Busko Cir, Warren MI 48093 | | \$1,500.00 |
| [| ⊒ No | es: Televisions ar | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners phones, cameras, media players, games | ; music co | ollections; electronic devices |
| | | | Various household electronics Location: 8331 Busko Cir, Warren MI 48093 | | \$400.00 |
| | | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta | mp, coin, | or baseball card collections; |
| | ■ No □ Yes. | Describe | | | |
| 9. E | Equipm Example | ent for sports ar es: Sports, photog musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; | canoes a | and kayaks; carpentry tools; |
| | ■ No □ Yes. | Describe | | | |
| | _ ′ | | , shotguns, ammunition, and related equipment | | |
| | ■ No □ Yes. | Describe | | | |
| _ | Clothe: Examp ☐ No | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| ı | Yes. | Describe | | | |
| | | | Various articles of used clothing Location: 8331 Busko Cir, Warren MI 48093 | | \$500.00 |
| _ | Jewelry Examp □ No | | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches | , gems, g | old, silver |

Yes. Describe..... Official Form 106A/B

Schedule A/B: Property

page 2

| Debtor 1 | Amanda Jean | Skwie | er | Ca | ase number (if known) | 19-48064 |
|-----------------|--|----------|------------------------|--|---|--|
| | _ | | | | | |
| | | | | s, necklaces, bracelets, watches and | d other | |
| | | | llaneous jewelry | Cir, Warren MI 48093 | | \$450.00 |
| | | Locati | on: 8331 Busko | Cir, warren wii 48093 | | Ψ-30.00 |
| 40. No. 5 | | | | | | |
| | arm animals aples: Dogs, cats, bio | rds. hor | ses | | | |
| □ No | ,p. 00. 2 0g0, 0a.0, 2 | | | | | |
| Yes. | . Describe | | | | | |
| | _ | | | | | |
| | | 2 Pet I | Dogs | | | \$0.00 |
| | | | | | | |
| - | ther personal and | housel | old items you did | not already list, including any health aid | ls you did not list | |
| ■ No | | | | | | |
| ☐ Yes. | . Give specific infor | mation. | | | | |
| | | | | | | |
| | | | | art 3, including any entries for pages yo | u have attached | \$2,850.00 |
| for P | art 3. Write that nu | ımber l | nere | | | Ψ2,030.00 |
| | | | | | | |
| Part 4: De | escribe Your Financia | al Asset | S | | | |
| Do you o | wn or have any leg | jal or e | quitable interest in | any of the following? | | Current value of the |
| | | | | | | portion you own? Do not deduct secured |
| | | | | | | claims or exemptions. |
| 16. Cash | | | | | | |
| - | nples: Monev vou ha | ve in v | our wallet, in vour ho | ome, in a safe deposit box, and on hand wh | en vou file vour petiti | ion |
| □ No | , , , , | , | . , | , , | , , , | |
| Yes. | | | | | | |
| | | | | | | |
| | | | | | Cash on Debtor's | |
| | | | | | person | \$300.00 |
| | | | | | • | |
| 17 Denos | sits of money | | | | | |
| | | ings, o | other financial acco | ounts; certificates of deposit; shares in cred | it unions, brokerage | houses, and other similar |
| | institutions. If | you hav | e multiple accounts | with the same institution, list each. | | |
| □ No | | | | Institution name: | | |
| Yes. | | | | institution name. | | |
| | | | | Huntington | | |
| | | 17.1. | Checking | Balance approximate on date | of filing | \$1,471.21 |
| | | | | | | |
| | | 47.0 | 0 | Huntington Balance approximate on date | of filing | \$5.00 |
| | | 17.2. | Savings | Balance approximate on date | or ming | |
| | | | | | | |
| | s, mutual funds, or | | | | | |
| | iples: Bond funds, in | ivestme | ent accounts with bro | okerage firms, money market accounts | | |
| ■ No | | | Institution or issuer | name: | | |
| ⊔ Yes. | | | mstitution or issuer | name. | | |
| - | ublicly traded stoo venture | k and | interests in incorp | orated and unincorporated businesses, i | including an interes | st in an LLC, partnership, and |
| ■ No | | | | | | |
| ☐ Yes. | . Give specific infor | mation | about them | | | |
| | | | ne of entity: | | 6 of ownership: | |
| 20. Gover | nment and corner | ate hor | ids and other nego | otiable and non-negotiable instruments | | |
| Nego | <i>tiable instrument</i> s in | iclude p | ersonal checks, cas | shiers' checks, promissory notes, and mone | | |
| | | nts are | hose you cannot tra | ansfer to someone by signing or delivering t | hem. | _ |
| Official For | m 106A/B | | | Schedule A/B: Property | | page 3 |

| Debt | or 1 | Amanda Jea | n Skwier | | Case number (if known) _1 | 9-48064 |
|--------------|---------------------|---|---|---|------------------------------|--|
| | No | | | | | |
| | | Give specific info | rmation about the | m | | |
| _ | 100. | On opcome mic | Issuer name | | | |
| 04 D | otiron | ant or nonsion | accounts | | | |
| | | nent or pension bles: Interests in I | | h, 401(k), 403(b), thrift savings accounts, or other pe | ension or profit-sharing pla | ans |
| | No | | | | | |
| | Yes. I | List each accour | | | | |
| | | | Type of accoun | t: Institution name: | | |
| ١ | our sł | | d deposits you hav | ve made so that you may continue service or use fro | | |
| _ | =xamp No | les: Agreements | with landiords, pre | epaid rent, public utilities (electric, gas, water), telec | ommunications companies | s, or otners |
| | | | | Institution name or individual: | | |
| _ | 100 | | | | | |
| _ | nnuiti No | • | | ent of money to you, either for life or for a number of | f years) | |
| | Yes | Is | suer name and de | scription. | | |
| | | ID | EW Local No. 6 | 58 Annuity Fund | | |
| | | | etirement Plan | • | | \$29,463.87 |
| | | | | | | |
| | | | on IRA, in an acco | ount in a qualified ABLE program, or under a qua o)(1). | alified state tuition progr | am. |
| | No | | | | | |
| | Yes | ln | stitution name and | description. Separately file the records of any interest | ests.11 U.S.C. § 521(c): | |
| 25. T | rusts, | equitable or fu | ure interests in p | property (other than anything listed in line 1), and | d rights or powers exerc | isable for your benefit |
| | No | | | | | |
| | Yes. | Give specific inf | ormation about the | em | | |
| | | | | secrets, and other intellectual property tes, proceeds from royalties and licensing agreeme | nts | |
| | No | | | | | |
| | Yes. | Give specific inf | ormation about the | em | | |
| | | | and other general mits, exclusive lice | l intangibles enses, cooperative association holdings, liquor licen | ses, professional licenses | |
| | No | | | | | |
| | Yes. | Give specific inf | ormation about the | em | | |
| Mone | ey or p | property owed t | o you? | | | Current value of the |
| | | | · | | | portion you own? Do not deduct secured claims or exemptions. |
| | | unds owed to y | ou | | | |
| | No Voc. (| Civa anasifia infa | rmation about the | maked in a leading what have your already filed the returns as | ad the tay years | |
| _ | res. (| Give specific inic | imation about the | m, including whether you already filed the returns ar | nd the tax years | |
| | | | _ | | | |
| | | | | Anticipated 2019 Income Tax Refund | | |
| | | | | Market Value based on prorated 2018 Income Tax Refund | Federal | \$661.00 |
| | | | L | moome ray neighb | | |
| | | | - | | _ | |
| | | | | Anticipated 2019 Income Tax Refund Market Value based on prorated 2018 Income Tax Refund | State | \$83.75 |
| | | | 1 | mcome rax Kemno | - Olaic | ΨUJ.1 J |

Official Form 106A/B Schedule A/B: Property page 4

| De | ebtor 1 | Amanda Jear | n Skwier | | Case number (if known) | 19-48064 |
|-----|-------------------|---|--|---------------------------------|--|--|
| 29. | Examp | support ples: Past due or lu | lump sum alimony, spousal supp | ort, child support, mainten | ance, divorce settlement, property | settlement |
| | ■ No □ Yes. | Give specific infor | rmation | | | |
| 30. | Exam _l | | | | ay, vacation pay, workers' comper | nsation, Social Security |
| | ■ No □ Yes. | Give specific info | ormation | | | |
| 31. | | sts in insurance p ples: Health, disab | | ings account (HSA); credit | , homeowner's, or renter's insurar | nce |
| | _ | Name the insuran | nce company of each policy and l Company name: | ist its value. | Beneficiary: | Surrender or refund value: |
| 32. | If you a | | y that is due you from someon y of a living trust, expect proceed | | icy, or are currently entitled to rece | eive property because |
| | ■ No □ Yes. | Give specific info | ormation | | | |
| 33. | | | arties, whether or not you have mployment disputes, insurance c | | a demand for payment | |
| | _ | Describe each cla | laim | | | |
| 34. | Other o | contingent and u | ınliquidated claims of every na | ture, including counterc | aims of the debtor and rights to | set off claims |
| | ☐ Yes. | Describe each cla | laim | | | |
| 35. | Any fin | nancial assets yo | ou did not already list | | | |
| | | Give specific info | ormation | | | |
| 36 | | | of all of your entries from Part 4 number here | | | \$31,984.83 |
| Pa | rt 5: De | escribe Any Busines | ss-Related Property You Own or Ha | ave an Interest In. List any re | eal estate in Part 1. | |
| | | , , | gal or equitable interest in any bus | iness-related property? | | |
| | | o to Part 6. Go to line 38. | | | | |
| - | | 50 to0 00. | | | | Comment value of the |
| | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accou | nts receivable or | r commissions you already ear | ned | | |
| | □ No □ Yes. | Describe | | | | |
| | • | | | | | |
| 39. | | | ishings, and supplies ated computers, software, moder | ns, printers, copiers, fax m | nachines, rugs, telephones, desks, | chairs, electronic devices |
| | □ No □ Yes. | Describe | | | | |

Official Form 106A/B Schedule A/B: Property page 5

| Debtor 1 | Amanda Jea | n Skwier | Case number (if known) | 19-48064 |
|---------------------------|----------------------------------|--|------------------------|---------------------------------------|
| | | | | |
| 40 Machi | nory fixtures on | uipment, supplies you use in business, and tools of your trade | | |
| | nery, nxtures, eq | uipinent, supplies you use in business, and tools of your trade | | |
| □ No | . Describe | | | |
| — 103. | . Describe | | | |
| | | | | |
| 41. Inven | tory | | | |
| □ No | | | | |
| ☐ Yes. | . Describe | | | |
| | | | | |
| 42. Interes | sts in partnership | os or joint ventures | | |
| □No | | | | |
| | . Give specific info | ormation about them | | |
| | | Name of entity: | % of ownership: | |
| | | | % | |
| | mer lists, mailing | lists, or other compilations | | |
| □ No. | ur liete include ner | sonally identifiable information (as defined in 11 U.S.C. § 101(41A))? | | |
| _ 50 ye | our note include per | solidary recruitments information (as defined in 11 0.0.0. § 101(41A)): | | |
| | ☐ No☐ Yes. Describe | | | |
| | L res. Describe | | | |
| | | | | |
| 44. Any b | usiness-related p | property you did not already list | | |
| □ No | | | | |
| ☐ Yes. | . Give specific info | rmation | | |
| | | | | |
| | | | | |
| | | of all of your entries from Part 5, including any entries for pages | | |
| for P | Part 5. Write that r | number here | | |
| | | | | |
| Part 6: De | escribe Any Farm- a | and Commercial Fishing-Related Property You Own or Have an Interest Innterest Innterest Innterest Innterest In | n. | |
| | | | | |
| | u own or have an . Go to Part 7. | y legal or equitable interest in any farm- or commercial fishing- | related property? | |
| | s. Go to line 47. | | | |
| | | | | Current value of the portion you own? |
| | | | | Do not deduct secured |
| | | | | claims or exemptions. |
| 47. Farm : Exam | | oultry, farm-raised fish | | |
| □No | | | | |
| | | | | |
| | Г | | | |

Official Form 106A/B Schedule A/B: Property page 6

| De | btor 1 | Amanda Jea | n Skwier | | Case number (if known) | 19-48064 |
|-----|----------|--------------------|---|-----------------------|---------------------------|-------------------------|
| 48. | Crops- | either growing | or harvested | | | |
| | □ No | | | | | |
| | | Give specific info | rmation | | | |
| | | • | | | | |
| | | | | | | |
| 49. | Farm a | nd fishing equi | oment, implements, machinery, fixtures | , and tools of trade | | |
| ı | □ No | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | l | | | | |
| 50. | Farm a | nd fishing supp | lies, chemicals, and feed | | | |
| ı | □ No | | | | | |
| I | ☐ Yes | | | | | |
| | | 1 | | | | |
| | | l | | | | |
| 51. | Any far | m- and comme | cial fishing-related property you did no | t already list | | |
| ı | □ No | | | | | |
| I | ☐ Yes. (| Give specific info | rmation | | | |
| | | | | | | |
| | | | | | | |
| 52. | | | of all of your entries from Part 6, includ | | | |
| | for Pa | art 6. Write that | number here | | | |
| Par | t 7: | Describe All Pro | perty You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| | | | | | | |
| 53. | | | perty of any kind you did not already lisets, country club membership | t? | | |
| | ■ No | iles. Season licki | ets, country club membership | | | |
| | | Give specific info | rmation | | | |
| | | • | | | 1 | |
| 54. | Add t | he dollar value | of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| | | | | | ı | |
| Par | rt 8: | List the Totals of | Each Part of this Form | | | |
| 55. | Part 1 | : Total real esta | te, line 2 | | | \$0.00 |
| 56. | Part 2 | : Total vehicles | , line 5 | \$0.00 | | |
| 57. | Part 3 | : Total persona | l and household items, line 15 | \$2,850.00 | | |
| 58. | Part 4 | : Total financia | assets, line 36 | \$31,984.83 | | |
| 59. | | | s-related property, line 45 | \$0.00 | | |
| 60. | | | d fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other pr | operty not listed, line 54 | +\$0.00 | | |
| 62. | Total | personal prope | rty. Add lines 56 through 61 | \$34,834.83 | Copy personal property to | otal \$34,834.83 |
| | | | | | 1 | |
| 63. | Total | of all property of | on Schedule A/B. Add line 55 + line 62 | | | \$34,834.83 |
| | | | | | Į | |

Official Form 106A/B Schedule A/B: Property page 7

| Fill in this infor | mation to identify your | case: | | | |
|---|-------------------------|--------------------|-------------|--------------------|--|
| Debtor 1 | Amanda Jean Sk | wier | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | PF MICHIGAN | | |
| Case number | 19-48064 | | | | |
| (if known) | 13 40004 | | | ☐ Check if amended | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | | | | | | |
|---|--|---|-----|---|-----------------------|--|--|--|--|--|
| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. | | | | | | | | | | |
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | | |
| | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | Specific laws that allow exemption | | | | | | |
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | | | | | | | |
| | Various household goods and furnishings | \$1,500.00 | | \$1,500.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | Location: 8331 Busko Cir, Warren MI 48093 Line from <i>Schedule A/B</i> : 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Various household electronics Location: 8331 Busko Cir, Warren MI | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | 48093 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Various articles of used clothing Location: 8331 Busko Cir, Warren MI | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | 48093 Line from <i>Schedule A/B</i> : 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Various rings, earrings, necklaces, bracelets, watches and other | \$450.00 | | \$450.00 | 11 U.S.C. § 522(d)(4) | | | | | |
| | miscellaneous jewelry Location: 8331 Busko Cir, Warren MI 48093 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

Line from Schedule A/B: 12.1

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|--|---|-----------------------------------|---|------------------------------------|--|
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | ck only one box for each exemption. | | |
| | Cash on Debtor's person Line from Schedule A/B: 16.1 | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(5) | |
| | Elle Holli Gonedale 70 B. 1911 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking: Huntington Balance approximate on date of filing | \$1,471.21 | | \$1,471.21 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Savings: Huntington Balance approximate on date of filing | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | IBEW Local No. 58 Annuity Fund Retirement Plan Statement | \$29,463.87 | | \$29,463.87 | 11 U.S.C. § 522(d)(10)(E) | |
| | Line from Schedule A/B: 23.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Federal: Anticipated 2019 Income Tax Refund | \$661.00 | | \$661.00 | 11 U.S.C. § 522(d)(5) | |
| | Market Value based on prorated 2018 Income Tax Refund Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | State: Anticipated 2019 Income Tax Refund | \$83.75 | | \$83.75 | 11 U.S.C. § 522(d)(5) | |
| | Market Value based on prorated 2018 Income Tax Refund Line from Schedule A/B: 28.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No | | | | | | |
| | ☐ Yes. Did you acquire the property covere | d by the exemption wi | thin 1 | ,215 days before you filed this case | ? | |
| | ☐ Yes | | | | | |
| | | | | | | |

| Middle Name Last Name Middle Name Last Name Describe the property that secures the claim: Describe the property that secures the claim: Describe the property that secures the claim: Addidle Name Last N | ually responsible for su the top of any additio | amend amend y upplying correct informa anal pages, write your na | |
|--|---|--|--|
| EASTERN DISTRICT OF MICHIGAN CORS Who Have Claims Secured sible. If two married people are filing together, both are eq. fill it out, number the entries, and attach it to this form. Oured by your property? bmit this form to the court with your other schedules. You nation below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your national pages, write your national pages. Column B Value of collateral that supports this claim | 12/15 tion. If more spaceme and case Column C Unsecured portion If any |
| cors Who Have Claims Secured sible. If two married people are filing together, both are eq. fill it out, number the entries, and attach it to this form. Oured by your property? bmit this form to the court with your other schedules. You attach below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your national pages, write your national pages. Column B Value of collateral that supports this claim | 12/15 tion. If more spaceme and case Column C Unsecured portion If any |
| sible. If two married people are filing together, both are ed, fill it out, number the entries, and attach it to this form. Our this form to the court with your other schedules. You this form to the court with your other schedules. You that make the property? The property of the property of the creditor separately to the aparticular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your national pages, write your national pages. Column B Value of collateral that supports this claim | 12/15 tion. If more spaceme and case Column C Unsecured portion If any |
| sible. If two married people are filing together, both are ed, fill it out, number the entries, and attach it to this form. Our other property? bmit this form to the court with your other schedules. You attach below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your national pages, write your national pages. Column B Value of collateral that supports this claim | 12/15 tion. If more spaceme and case Column C Unsecured portion If any |
| sible. If two married people are filing together, both are ed, fill it out, number the entries, and attach it to this form. Our other property? bmit this form to the court with your other schedules. You attach below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your national pages, write your national pages. Column B Value of collateral that supports this claim | 12/15 tion. If more spaceme and case Column C Unsecured portion If any |
| sible. If two married people are filing together, both are ed, fill it out, number the entries, and attach it to this form. Our other property? bmit this form to the court with your other schedules. You attach below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your nate to report on this form. Column B Value of collateral that supports this claim | 12/15 tion. If more spaceme and case Column C Unsecured portion If any |
| sible. If two married people are filing together, both are ed, fill it out, number the entries, and attach it to this form. Our other property? bmit this form to the court with your other schedules. You attach below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your nate to report on this form. Column B Value of collateral that supports this claim | tion. If more spaceme and case Column C Unsecured portion If any |
| sible. If two married people are filing together, both are ed, fill it out, number the entries, and attach it to this form. Our other property? bmit this form to the court with your other schedules. You attach below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your nate to report on this form. Column B Value of collateral that supports this claim | tion. If more spaceme and case Column C Unsecured portion If any |
| sible. If two married people are filing together, both are ed, fill it out, number the entries, and attach it to this form. Our other property? bmit this form to the court with your other schedules. You attach below. Insert has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | ually responsible for sunthe top of any addition ou have nothing else to Column A Amount of claim Do not deduct the value of collateral. | upplying correct informational pages, write your nate to report on this form. Column B Value of collateral that supports this claim | tion. If more spaceme and case Column C Unsecured portion If any |
| of fill it out, number the entries, and attach it to this form. Of the day your property? In this form to the court with your other schedules. You that it is form to the court with your other schedules. You that it is form to the court with your other schedules. You that it is form to the court with your other schedules. You has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | to report on this form. Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| bmit this form to the court with your other schedules. Y lation below. In the court with your other schedules. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Unsecured portion |
| nation below. ns or has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Unsecured portion If any |
| or has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| or has more than one secured claim, list the creditor separately tor has a particular claim, list the other creditors in Part 2. As shabetical order according to the creditor's name. Describe the property that secures the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| tor has a particular claim, list the other creditors in Part 2. As obabetical order according to the creditor's name. Describe the property that secures the claim: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| phabetical order according to the creditor's name. Describe the property that secures the claim: | Do not deduct the value of collateral. | that supports this claim | portion If any |
| | | | |
| 2017 Dodge Challenger | | | ა ს.ს |
| | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| ☐ Contingent | | | |
| de Unliquidated | | | |
| ☐ Disputed | | | |
| _ | | | |
| , , | ured | | |
| _ ′ | | | |
| | | | |
| | • | | |
| | | | |
| d | Nature of lien. Check all that apply. An agreement you made (such as mortgage or sec car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Auto Lease Last 4 digits of account number 1000 | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Auto Lease Last 4 digits of account number 1000 | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Auto Lease |

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this i | nformation to identify your | case: | | | | | |
|--------------------------------|---|-------------------------|--|--------------------|--------------------------|----------------------------|---------------------------|
| Debtor 1 | Amanda Jean Sky | vier | | | | | |
| | First Name | Middle Name | | Last Name | | | |
| Debtor 2 (Spouse if, filing | r) First Name | Middle Name | | Last Name | | | |
| | , | | | | | | |
| United State | es Bankruptcy Court for the: | EASTERN DISTI | RICT OF MIC | CHIGAN | | | |
| Case numb | er 19-48064 | | | | | | |
| (if known) | | | | | | | Check if this is an |
| | | | | | | | amended filing |
| Official F | Form 106E/F | | | | | | |
| | le E/F: Creditors W | ho Hayo Ha | cocurad | l Claime | | | 12/15 |
| | ete and accurate as possible. Us | | | | 2 | -id- NONDRIORITY -I- | |
| name and cas | e Continuation Page to this pag se number (if known). .ist All of Your PRIORITY Un | • | ormation to re | eport in a Part, o | o not file that Part. | On the top of any add | itional pages, write your |
| 1. Do any o | reditors have priority unsecured | d claims against you | ı? | | | | |
| ■ No. G | So to Part 2. | | | | | | |
| ☐ Yes. | | | | | | | |
| | | | | | | | |
| Part 2: | ist All of Your NONPRIORIT | Y Unsecured Clai | ms | | | | |
| 3. Do any o | creditors have nonpriority unsec | ured claims against | you? | | | | |
| ☐ No. Y | ou have nothing to report in this pa | art. Submit this form t | o the court with | n your other sche | edules. | | |
| Yes. | | | | | | | |
| unsecure | of your nonpriority unsecured classed claim, list the creditor separately creditor holds a particular claim, li | for each claim. For e | each claim liste | d, identify what t | ype of claim it is. Do i | not list claims already in | cluded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 Am | nex/dsnb | Last | 4 digits of ac | count number | 4024 | | \$948.00 |
| Non | priority Creditor's Name | | | | 0 | Last Astins | - |
| | l1 Duke Blvd son, OH 45040 | Whe | n was the deb | ot incurred? | Opened 05/08 12/04/17 | Last Active | _ |
| Num | nber Street City State Zip Code | As o | f the date you | file, the claim i | s: Check all that appl | у | |
| Who | incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | | Contingent | | | | |
| | Debtor 2 only | | Inliquidated | | | | |
| | Debtor 1 and Debtor 2 only | | isputed | | | | |
| | At least one of the debtors and and | | | RITY unsecured | d claim: | | |
| | Check if this claim is for a comm | nunity | tudent loans | | | | |
| deb Is th | t ne claim subject to offset? | | Obligations arising the street as priority cla | • | ration agreement or o | divorce that you did not | |
| I | No | | ebts to pensio | n or profit-sharin | g plans, and other sir | nilar debts | |
| | Yes | ■ c | Other, Specify | Credit Card | I | | |

| Debtor | 1 Amanda Jean Skwier | | Case number (if know | n) <u>19-48064</u> | | | |
|--------|---|--|--------------------------------------|------------------------|------------|--|--|
| 4.2 | ARS National Services Inc Nonpriority Creditor's Name PO Box 469100 | Last 4 digits of account number When was the debt incurred? | 8030 4/2019 | | \$948.14 | | |
| - | Escondido, CA 92046 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | vorce that you did not | | | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | lar debts | | | | |
| | Yes | | Account on beha t Stores National | | | | |
| 4.3 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 7530 | | \$3,630.00 | | |
| | Po Box 15369 Wilmington, DE 19850 | When was the debt incurred? | Opened 12/14 8/28/18 | Last Active | | | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | lar debts | | | | |
| | Yes | Other Specify Credit Card | <u> </u> | | | | |
| 4.4 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 5671 | _ | \$2,441.00 | | |
| | Po Box 15369 Wilmington, DE 19850 | When was the debt incurred? | Opened 11/11 10/16/18 | Last Active | | | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | Debtor 2 only | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | |
| | At least one of the debtors and another | l claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or div | vorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other simi | lar debts | | | |
| | □ Yes | Other. Specify Credit Card | | | | | |

| Debtor | Amanda Jean Skwier | | Case number (if known) 19-48064 | | |
|--------|---|--|--|------------|--|
| 4.5 | Christian Financial Cu | Last 4 digits of account number | 21GC | \$5,639.00 | |
| | Nonpriority Creditor's Name 18441 Utica Road Roseville, MI 48066 | When was the debt incurred? | Opened 01/06 Last Active 9/09/18 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify Civil Judgn | nent | | |
| 4.6 | Christian Financial Cu Nonpriority Creditor's Name | Last 4 digits of account number | 2001 | \$1,429.00 | |
| | 18441 Utica Rd Roseville, MI 48066 | When was the debt incurred? | Opened 12/05 Last Active 3/25/19 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | |
| | No | Debts to pension or profit-sharin | | | |
| | Yes | Other. Specify Check Cred | lit Or Line Of Credit | | |
| 4.7 | Citi Nonpriority Creditor's Name | Last 4 digits of account number | 9348 | \$3,805.41 | |
| | PO Box 9001016 Louisville, KY 40290 | When was the debt incurred? | 2/2019 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ■ No | · | • • | | |
| | Yes | Other. Specify Charge Acc | count | | |

| Debto | or 1 Amanda Jean Skwier | | Case number (if known) 19-48064 | | | |
|-------|---|--|--|------------|--|--|
| 4.8 | Citi Cards | Last 4 digits of account number | 6948 | \$5,528.80 | | |
| | Nonpriority Creditor's Name PO Box 6497 | When was the debt incurred? | 1/2019 | Ψο,σ20.00 | | |
| | Sioux Falls, SD 57117 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | Debtor 1 only | O continuent | | | | |
| | Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ` | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | |
| | _ | ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <u></u> | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Credit Card | | | | |
| 4.9 | Camanituhankhistaria | Last 4 digits of account number | 4.40.4 | ¢2.452.00 | | |
| 4.9 | Comenitybank/victoria Nonpriority Creditor's Name | Last 4 digits of account number | | \$2,153.00 | | |
| | Po Box 182789 Columbus, OH 43218 | When was the debt incurred? | Opened 11/15 Last Active 9/07/18 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | • | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | | | | | |
| 4.1 | Congress Collection | Last 4 digits of account number | 5988 | \$173.00 | | |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ170.00 | | |
| | 28552 Orchard Lake Road Farmington Hills, MI 48334 | When was the debt incurred? | Opened 09/18 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | |
| | \square At least one of the debtors and another | d claim: | | | | |
| | ☐ Check if this claim is for a community | ration agreement or divorce that you did not | | | | |
| | debt Is the claim subject to offset? | | | | | |
| | Is the claim subject to offset? report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ■ NO | Collection Attorney Midwest Center For | | | | |
| | □Yes | Other. Specify Dermatolog | Sy wildwest Center For | | | |

| or 1 Amanda Jean Skwier | | Case number (if known) 19-48064 | |
|--|--|--|---|
| Discover Fin Svcs Llc | Last 4 digits of account number | 4414 | \$5,553.00 |
| Nonpriority Creditor's Name | _ | | |
| Po Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 12/14 Last Active 4/19/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| Kohls/capone | Last 4 digits of account number | 4753 | \$535.00 |
| Nonpriority Creditor's Name | | | • |
| N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | When was the debt incurred? | Opened 05/12 Last Active 9/12/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| \square Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Syncb/amazon | Last 4 digits of account number | 5932 | \$1,561.00 |
| Nonpriority Creditor's Name | | Opened 12/12 Last Active | |
| Po Box 965015 Orlando, FL 32896 | When was the debt incurred? | 8/05/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | | | |

| Debtor | Amanda Jean Skwier | | Case number (if known) | 19-48064 | |
|----------|--|--|--|---------------------|-------------------------|
| 4.1 4 | Syncb/art Van Furnitur | Last 4 digits of account number | 3814 | _ | \$1,541.00 |
| | Nonpriority Creditor's Name C/o Po Box 965036 Orlando, FL 32896 | When was the debt incurred? | Opened 01/15 Last 9/30/18 | Active | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.1 | Syncb/jcp | Last 4 digits of account number | 0206 | | \$4,571.00 |
| | Nonpriority Creditor's Name | <u> </u> | | _ | |
| | Po Box 965007 Orlando, FL 32896 | When was the debt incurred? | Opened 10/15 Last 7/11/18 | Active | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | :bts | |
| | Yes | Other. Specify Charge Acc | count | | |
| is try | List Others to Be Notified About a Don's page only if you have others to be notified ing to collect from you for a debt you owe to smore than one creditor for any of the debts the for any debts in Parts 1 or 2, do not fill out | about your bankruptcy, for a debt that y someone else, list the original creditor ir lat you listed in Parts 1 or 2, list the addi | Parts 1 or 2, then list the o | collection agency h | nere. Similarly, if you |
| | and Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | | |
| - | District Court | | Part 1: Creditors with Priori | ty Unsecured Claim | S |
| | Common Rd. en, MI 48093 | | Part 2: Creditors with Nonp | riority Unsecured C | laims |
| vvaiic | 511, IIII 40033 | Last 4 digits of account number | | | |
| | and Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | | |
| | rtment Stores National Bank ox 1608 | | Part 1: Creditors with Priori | • | |
| | ngate, MI 48195 | • | Part 2: Creditors with Nonp | riority Unsecured C | laims |
| | | Last 4 digits of account number | | | |
| | and Address | On which entry in Part 1 or Part 2 did you Line 4.5 of (<i>Check one</i>): | list the original creditor? Part 1: Creditors with Priori | ty Unsecured Claim | c |
| | 30x 2191 | | Part 2: Creditors with Nonp | • | |
| Royal | l Oak, MI 48068 | Last 4 digits of account number | - 1 art 2. Ordanora with Norip | nonty onsecuted of | idii i i |
| | | Last 4 digits of account number | | | |
| LVNV | and Address ' Funding LLC eattie Place Suite 110 | On which entry in Part 1 or Part 2 did you Line 4.9 of (Check one): | llist the original creditor? Part 1: Creditors with Priori | ty Unsecured Claim | s |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 7

| Debtor 1 Amanda Jean Skwier | | Case number (if known) | 19-48064 | | |
|--|--|---|--------------------------|--|--|
| Greenville, SC 29601 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Las | et 4 digits of account number | | | | |
| Name and Address On | which entry in Part 1 or Part 2 di | d you list the original creditor? | | | |
| | e 4.10 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 43900 Garfield Ste 100 Clinton Township, MI 48038 | | ■ Part 2: Creditors with Nonp | riority Unsecured Claims | | |
| • • | st 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | · | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 40,456.35 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 40,456.35 |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|--------------------|------------|---|---------------------|
| Debtor 1 | Amanda Jean Sk | wier | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | | |
| Case number | 19-48064 | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Chrysler Capital Po Box 961275 Fort Worth, TX 76161 | Acct# 30000203997111000 Opened Opened 05/17 Last Active 4/08/19 Auto Lease Lease |

| Fill in this | s information to identify your | case: | | | |
|---|--|---|--|---|---|
| Debtor 1 | Amanda Jean Sky First Name | wier Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | |
| Case num | nber 19-48064 | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a your name | e filing together, both are equa | ally responsible for supp boxes on the left. Attach . Answer every question | olying correct information the Additional Page to t | n. If more space is i his page. On the to | rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| □ No ■ Ye | | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | |
| | o. Go to line 3. s. Did your spouse, former spou | use, or legal equivalent live | e with you at the time? | | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make su | re you have listed t | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | Mary Skwier 8331 Busko Cir Warren, MI 48093 | | | ■ Schedule D, I □ Schedule E/F □ Schedule G _ Chrysler Capita | , line |

| Fill | in this information to identify you | ır case: | | | | | | | |
|--------------------|---|---|---|-----------------------|----------------|--------------------------------------|---------------------------|--------------------------------|-----------------|
| Del | btor 1 Amanda | Jean Skwier | | | _ | | | | |
| 1 - | btor 2 buse, if filing) | | | | _ | | | | |
| Uni | ited States Bankruptcy Court for | the: EASTERN DISTRICT | OF MICHIGAN | | _ | | | | |
| | se number 19-48064 | | - | | | | led filing nent showin | ng postpetition | chapter |
| \bigcirc | fficial Form 106I | | | | | | | ollowing date: | |
| | chedule I: Your In | como | | | | MM / DD/ | YYYY | | 12/15 |
| sup spo atta | as complete and accurate as p plying correct information. If y use. If you are separated and y ch a separate sheet to this for | ou are married and not fili your spouse is not filing w m. On the top of any additi | ng jointly, and your s ith you, do not inclu | spouse i de inforr | s liv natio | ing with you, inc on about your s | lude infori ouse. If m | mation about ore space is I | your needed, |
| | tt 1: Describe Employme | nt | | | | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non-f | iling spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | ☐ Emp | oloyed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | ☐ Not | employed | | |
| | employers. | Occupation | Custodial Service | ces | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Compass Group, North America | | | | | | |
| | Occupation may include student or homemaker, if it applies. Employer's address | | 2400 Yorkmonth Charlotte, NC 28 | | | | | | |
| | | How long employed t | here? 3.5 mor | nths | | | | | |
| Par | rt 2: Give Details About | Monthly Income | | | | | | | |
| | mate monthly income as of the use unless you are separated. | e date you file this form. If | you have nothing to re | eport for | any I | ine, write \$0 in th | e space. In | clude your nor | n-filing |
| | ou or your non-filing spouse have e space, attach a separate shee | | ombine the information | n for all e | mplo | oyers for that pers | on on the li | ines below. If y | ou need |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | 2,721.90 | \$ | N/A | |
| 3. | Estimate and list monthly ov | ertime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add | d line 2 + line 3. | | 4. | \$ | 2,721.90 | \$ | N/A | |
| | | | | | | | | | |

| Deb | tor 1 | Amanda Jean Skwier | | Case r | number (if know | n) | 19-4 | 18064 | |
|-----|----------------|---|--------|--------|-----------------|----------|-------|-------------|-------------------|
| | | | | For | Debtor 1 | | | Debtor 2 or | е |
| | Сор | y line 4 here | 4. | \$ | 2,721.9 | 0 | \$ | N/ | Ά |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 482.0 | n | \$ | N/ | ' Δ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.0 | | \$ | N/ | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.0 | _ | \$ | N/ | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.0 | | \$ | N/ | |
| | 5e. | Insurance | 5e. | \$ | 0.0 | _ | \$ | N/ | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.0 | 0 | \$ | N/ | Ά |
| | 5g. | Union dues | 5g. | \$ | 0.0 | 0 | \$ | N/ | Ά |
| | 5h. | Other deductions. Specify: | 5h | + \$ | 0.0 | 0 | + \$_ | N/ | Ά |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 482.0 | 0 | \$_ | N/ | <u>'A</u> |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,239.9 | 0 | \$_ | N/ | <u>'A</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.0 | 0 | \$ | N/ | 'Δ |
| | 8b. | Interest and dividends | 8b. | \$ | 0.0 | | \$_ | N/ | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.0 | 0 | \$ | N/ | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.0 | 0 | \$_ | N/ | Ά |
| | 8e. | Social Security | 8e. | \$ | 0.0 | 0 | \$ | N/ | Ά |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ 8f. | \$ | 0.0 | 0 | \$_ | N/ | 'A _ |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.0 | _ | \$_ | N/ | |
| | 8h. | Other monthly income. Specify: | _ 8h | + \$ | 0.0 | 0 | + \$_ | N/ | <u>'A</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.0 | 0 | \$_ | | I/A |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | ; | 2,239.90 + | \$ | | N/A = \$ | 2,239.90 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | 2,200.00 | , | | | |
| 11. | | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | 12. \$ | 2,239.90 bined |
| | | | | | | | | | thly income |
| 13. | Do y ■ □ | you expect an increase or decrease within the year after you file this form? No. Yes. Explain: | ? | | | | | | |

| | in this informa | tion to identify yo | our case: | | | | | |
|-------------|----------------------------|--|-----------------|---|---|------------------|-------------------|---|
| Debt | | Amanda Jea | | | | Checl | c if this is: | |
| | | 7 | | | | _ | An amended filing | |
| | tor 2 ouse, if filing) | | | | | | | ving postpetition chapter the following date: |
| Unite | ed States Bankr | ruptcy Court for the | : EASTE | RN DISTRICT OF MICHIG | AN | 1 | MM / DD / YYYY | |
| | | 9-48064 | | | | | | |
| (If kr | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/15 |
| Be a | as complete a | and accurate as | possible. | If two married people are chanother sheet to this i | | | | |
| Part | t 1: Descr | ribe Your House | hold | | | | | |
| | ■ No. Go to | line 2. | in a separ | ate household? | | | | |
| | □и | 0 | · | al Form 106J-2, <i>Expense</i> s | for Separate Housel | hold of Debto | or 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | - | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| 3. | Do your exp | enses include | _ | No | | | | □ res |
| | expenses o | f people other t d your depende | han $_{m \Box}$ | Yes | | | | |
| | yoursen and | u your depende | IIIS f | | | | | |
| Esti exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance it luded it on Schedule I: Y | | | Your exp | enses |
| (0 | | , o.i., | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. In r lot. | nclude first mortgage | 4. \$ | | 600.00 |
| | If not includ | led in line 4: | | | | | | |
| | | estate taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | | | | 4b. \$ | | 10.00 |
| | | maintenance, re owner's associat | • | ipkeep expenses | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | | | | our residence, such as ho | ne equity loans | 4u. \$ 5. \$ | | 0.00 |

Schedule J: Your Expenses 19-48064-pjs Doc 13 Filed 06/11/19 Entered 06/11/19 16:53:00 Page 24 of 39 Official Form 106J

| Jtilities: | | | |
|--|------|----------|----------|
| Sa. Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| Sc. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 58.00 |
| 6d. Other. Specify: | 6d. | \$ | 0.00 |
| Food and housekeeping supplies | 7. | \$ | 300.00 |
| Childcare and children's education costs | 8. | \$ | 0.00 |
| Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| Personal care products and services | 10. | \$ | 70.00 |
| Medical and dental expenses | 11. | \$ | 75.00 |
| Fransportation. Include gas, maintenance, bus or train fare. | | · | |
| Do not include car payments. | 12. | \$ | 265.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| Charitable contributions and religious donations | 14. | \$ | 0.00 |
| nsurance. | | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | • | |
| 15a. Life insurance | 15a. | · | 0.00 |
| 15b. Health insurance | 15b. | · : ——— | 0.00 |
| 15c. Vehicle insurance | 15c. | \$ | 320.00 |
| 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| Faxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| nstallment or lease payments: | 4- | • | |
| 17a. Car payments for Vehicle 1 | 17a. | · | 337.58 |
| 17b. Car payments for Vehicle 2 | 17b. | · : ——— | 0.00 |
| 17c. Other. Specify: | 17c. | · | 0.00 |
| 17d. Other. Specify: | 17d. | \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report a deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | | · . | 0.00 |
| Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | 19. | | |
| Other real property expenses not included in lines 4 or 5 of this form or on Sch | | | |
| 20a. Mortgages on other property | 20a. | | 0.00 |
| 20b. Real estate taxes | 20b. | | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | · | 0.00 |
| Other: Specify: | 21. | +\$ | 0.00 |
| Calculate your monthly expenses | | | |
| 22a. Add lines 4 through 21. | | \$ | 2,235.58 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,235.58 |
| Calculate your monthly net income. | | L | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,239.90 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | | 2,235.58 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | S | 4.32 |

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: Lines #4 and #4b reflect Debtors anticipated residential lease expense as Debtor anticipates moving out of her mother's home when she is able to lease.

Schedule J: Your Expenses Doc 13 Filed 06/11/19 Entered 06/11/19 16:53:00 Page 25 of 39 19-48064-pjs

| Fill in this inform | nation to identify your | case: | | | |
|---------------------------------------|---|--------------------------|------------------------------|---|-----|
| Debtor 1 | Amanda Jean Sky | | | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | |
| Case number 1 | 9-48064 | | | | |
| (if known) | | | | ☐ Check if this is a amended filing | n |
| obtaining money years, or both. 18 | | n connection with a bank | | flaking a false statement, concealing propert fines up to \$250,000, or imprisonment for up | • / |
| Did you pay | or agree to pay some | one who is NOT an attor | ney to help you fill out ban | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | ame of person | | | Attach Bankruptcy Petition Preparer's N Declaration, and Signature (Official For | |
| • | ty of perjury, I declare true and correct. | that I have read the sum | mary and schedules filed v | with this declaration and | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Signature of Debtor 2

Date

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X /s/ Amanda Jean Skwier

Amanda Jean Skwier Signature of Debtor 1

Date June 11, 2019

Best Case Bankruptcy

| Fill in this info | ormation to identify you | | | | |
|---------------------|---|---|-------------------------------|-----------------------|------------------------------------|
| | | | | | |
| Debtor 1 | Amanda Jean S | Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle News | Leaf News | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the | EASTERN DISTRICT OF | MICHIGAN | | |
| Case number | 19-48064 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | amended ming |
| O#:-:-! - | 407 | | | | |
| Official F | | | | | |
| Statemer | nt of Financial | Affairs for Individ | duals Filing for E | Bankruptcy | 4/1 |
| information. If | | sible. If two married people a d, attach a separate sheet to | | | |
| <u> </u> | , | estion. Iarital Status and Where You | Lived Before | | |
| 1. What is yo | our current marital stat | tus? | | | |
| ☐ Marrie | ad | | | | |
| | narried | | | | |
| | | | | | |
| 2. During the | e last 3 years, have you | u lived anywhere other than | where you live now? | | |
| □ No | | | | | |
| Yes. I | List all of the places you | lived in the last 3 years. Do no | ot include where you live no | W. | |
| Debtor 1 | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior A | ddress: | Dates Debtor 2 lived there |
| 8100 Rit | ter | From-To: | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 |
| Apt #2 | ino MI 49015 | 12/2010 - 09/2 | 016 | | From-To: |
| Center L | ₋ine, MI 48015 | | | | |
| states and territ | <i>tori</i> es include Arizona, C | ever live with a spouse or leg alifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto F | | |
| ⊔ Yes. I | Make sure you fill out So | chedule H: Your Codebtors (O | ficial Form 106H). | | |
| Part 2 Exp | lain the Sources of Yo | ur Income | | | |
| | | | | | |
| Fill in the to | otal amount of income y | employment or from operating ou received from all jobs and a u have income that you receive | all businesses, including par | t-time activities. | endar years? |
| □ No | | | | | |
| Yes. I | Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income | Gross income | Sources of income | Gross income |
| | | Check all that apply. | (before deductions and | Check all that apply. | (before deductions |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| | | | | Debtor 1 | | Debtor 2 | | |
|----|---|----------------------------------|---|---|--|---|-----------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | | ■ Wages, commissions, bonuses, tips | | | missions, | | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | r last calen inuary 1 to | dar year: December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$9,040.00 | ☐ Wages, commonute bonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$46,190.00 | ☐ Wages, commonute bonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | Operating a b | ousiness | |
| | ■ No | source and t | - | me from each source separat | ely. Do not include income t | nat you listed in line |) 4. | |
| | | | | | | | | |
| | | | | Debtor 1 | 0 | Debtor 2 | | 0 |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | : Certain Pa | vments You | Made Before You Filed for E | Bankruptcv | | | |
| 6. | Are either □ No. | Neither De individual puring the | ebtor 1 nor Dorimarily for a 90 days befo | s debts primarily consumer ebtor 2 has primarily consu personal, family, or household re you filed for bankruptcy, did | mer debts. Consumer debt d purpose." | | | 01(8) as "incurred by an |
| | | | Go to line 7 | | | | | |
| | | ☐ Yes | paid that cre not include | ach creditor to whom you paid editor. Do not include payment payments to an attorney for th on 4/01/22 and every 3 years | ts for domestic support oblig is bankruptcy case. | ations, such as chi | ild support a | and alimony. Also, do |
| | ■ Yes. | | | r both have primarily consur re you filed for bankruptcy, did | | l of \$600 or more? | | |
| | | □ No. | Go to line 7 | | | | | |
| | | ■ Yes | include pay | each creditor to whom you paid ments for domestic support ob this bankruptcy case. | d a total of \$600 or more and oligations, such as child supp | I the total amount yoort and alimony. A | ou paid tha | it creditor. Do not include payments to an |
| | Creditor | s Name and | d Address | Dates of paymer | | Amount you | Was this | payment for |
| | | | | | paid | still owe | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for | | | |
|-----|--|--|---|---|-----------------------------------|---|--|--|--|
| | Discover Fin Svcs Llc Po Box 15316 | 4/22/2019 | \$1,000.00 | \$5,553.00 | ☐ Mortgage | ı | | | |
| | Wilmington, DE 19850 | | | | ■ Credit Ca | ırd | | | |
| | | | | | ☐ Loan Rep | | | | |
| | | | | | ☐ Suppliers | or vendors | | | |
| | | | | | Other | | | | |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger control, or owner of 20% of | neral partners; partners partners or more of their voting | erships of which y g securities; and a | ou are a genera any managing a | al partner; corporations gent, including one for | | | |
| | ■ No | | | | | | | | |
| | Yes. List all payments to an insider. | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | |
| 8. | Within 1 year before you filed for bankrupt insider? | cy, did you make any pay | ments or transfer a | any property on a | account of a de | ebt that benefited an | | | |
| | Include payments on debts guaranteed or cos | signed by an insider. | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment | | | |
| Por | t 4: Identify Legal Actions, Repossession | and Forcelecures | P | | | | | | |
| | | | | | | | | | |
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | | | |
| | □ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | e case | | | |
| | Case number Christian Financial Credit Union v. | Civil | 37th District Co | ourt | Пол | | | | |
| | Amanda Skwier | OIVII | 8300 Common | | ☐ Pending ☐ On appe | | | | |
| | 190621GC | | Warren, MI 480 | 93 | ■ Conclude | | | | |
| 10. | Within 1 year before you filed for bankrupt. Check all that apply and fill in the details below No. Go to line 11. | | erty repossessed, f | oreclosed, garni | shed, attached | l, seized, or levied? | | | |
| | Yes. Fill in the information below. | | | | | | | | |
| | Creditor Name and Address | Describe the Property | у | | | Value of the property | | | |
| | | Explain what happene | d | | | property | | | |
| | Chrysler Capital Po Box 961275 | 2017 Dodge Challenger | | | 12/2018 \$23,050.00 | | | | |
| | Fort Worth, TX 76161 | ■ Property was repossessed. | | | | | | | |
| | | ☐ Property was foreclosed. | | | | | | | |
| | | ☐ Property was garnished. | | | | | | | |
| | | ☐ Property was attache | ☐ Property was attached, seized or levied | | | | | | |

Case number (if known) 19-48064

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Amanda Jean Skwier

| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment border No. □ Yes. Fill in the details. | | did any creditor, including a bank or financial ins you owed a debt? | stitution, set off any a | amounts from your | | | |
|-----|--|----------|---|-----------------------------------|---------------------------|--|--|--|
| | Creditor Name and Address | Des | scribe the action the creditor took | Date action was taken | Amount | | | |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o ■ No □ Yes | | as any of your property in the possession of an a er official? | assignee for the bene | efit of creditors, a | | | |
| Par | t 5: List Certain Gifts and Contribution | าร | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value | | | | | | | |
| | per person Person to Whom You Gave the Gift and Address: | ı | · | the gifts | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | total | Describe what you contributed | Dates you contributed | Value | | | |
| Par | t 6: List Certain Losses | | | | | | | |
| 15. | | uptcy or | since you filed for bankruptcy, did you lose anyt | hing because of the | it, fire, other disaster, | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the loss | Date of your | Value of property | | | |
| | how the loss occurred | Include | the amount that insurance has paid. List pending nee claims on line 33 of Schedule A/B: Property. | loss | lost | | | |
| Par | t 7: List Certain Payments or Transfer | s | | | | | | |
| 16. | consulted about seeking bankruptcy or | preparir | d you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services required | | rty to anyone you | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | www.debtorcc.org | | Pre-filing Credit Counseling Course | 5/29/2019 | \$14.95 | | | |
| | www.debtorcc.org Moran Law | | | | | | | |

Case number (if known) 19-48064

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Amanda Jean Skwier

| Deb | otor 1 Amanda Jean Skwier | Case number (if known) 19-48064 | | | | | | | | |
|-----|--|---|--|-------------------------|-------------------------------------|---|--|--|--|--|
| | | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | transferred | value of any prop | or | te payment transfer was ade | Amount of payment | | | | |
| | Moran Law 25600 Woodward Ave Suite 201 Royal Oak, MI 48067 ecf@moranlawoffice.com | Pre-petition Ch | napter 7 Attorne | y's Fees 5/2 | 29/2019 | \$200.00 | | | | |
| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo | ors or to make payment | lse acting on your s to your creditor | behalf pay or tra s? | nsfer any prope | rty to anyone who | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address | Description and transferred | value of any prop | or | te payment transfer was ade | Amount of payment | | | | |
| | Within 2 years before you filed for bankrup transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial aff ade as security (such as | fairs? the granting of a se | | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | | property transferred page | | property or eived or debts ge | Date transfer was made | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | | |
| | Name of trust | Description and | value of the prope | erty transferred | | Date Transfer was made | | | | |
| Par | t 8: List of Certain Financial Accounts, In | struments, Safe Depos | it Boxes, and Stor | rage Units | | | | | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details. | or other financial accou | ınts; certificates c | of deposit; shares | • | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | • | | count was sold, or | Last balance before closing or transfer | | | | |
| | Christian Financial Cu 18441 Utica Road Roseville, MI 48066 | XXXX-N/A | ■ Checking □ Savings □ Money Marke □ Brokerage | 10/201 | | \$0.00 | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Other__

- Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.
 - No

Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIF Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | |
|-----|--|--|---|--------------------|--|--|--|--|--|
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or admin | istrative proceeding under any envi | ronmental law? Include settlements a | and orders. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Par | 11: Give Details About Your Business or Co | nnections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have an | y of the following connections to any | business? | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | ☐ An owner of at least 5% of the voting o | r equity securities of a corporation | | | | | | | |
| | ■ No. None of the above applies. Go to Part | t 12 . | | | | | | | |
| | Yes. Check all that apply above and fill in | the details below for each business | s. | | | | | | |
| | Business Name De Address | escribe the nature of the business | Employer Identification number Do not include Social Security | | | | | | |
| | | ame of accountant or bookkeeper | Dates business existed | number of frin. | | | | | |
| | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | | |
| | | ate Issued | | | | | | | |
| | , . , | | | | | | | | |

Official Form 107

| Debtor 1 | Amanda Jean Skwier | | Case number (if known) | 19-48064 |
|---------------------------|--------------------------------------|--|-----------------------------|---------------------|
| Part 12: | Sign Below | | | |
| are true ai with a bar | nd correct. I understand that making | Financial Affairs and any attachments g a false statement, concealing proper to \$250,000, or imprisonment for up to | ty, or obtaining money or | |
| /s/ Amar | nda Jean Skwier | | | |
| | Jean Skwier e of Debtor 1 | Signature of Debtor 2 | | |
| Date Ju | ıne 11, 2019 | Date | | |
| Did you at | tach additional pages to Your State | ment of Financial Affairs for Individua | als Filing for Bankruptcy (| Official Form 107)? |
| No | | | | |
| ☐ Yes | | | | |
| Did vou pa | ay or agree to pay someone who is a | not an attorney to help you fill out bar | nkruptcy forms? | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

United States Bankruptcy Court Eastern District of Michigan

| In re | Amanda Jean Skwier | | | Case No. | | | | |
|----------|--|---|---|----------------------------------|------------------------|--|--|--|
| | | Debtor(s) | Cha | apter 7 | | | | |
| | | STATEMENT OF ATTORNEY FOR DE PURSUANT TO F.R.BANKR.P. 20 | | | | | | |
| | The und | ersigned, pursuant to F.R.Bankr.P. 2016(b), states that: | | | | | | |
| 1. | The und | ersigned is the attorney for the Debtor(s) in this case. | | | | | | |
| 2. | The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one] | | | | | | | |
| | [X] | FLAT FEE | | | | | | |
| | A. | For legal services rendered in contemplation of and in connection with | | Pre-Petition: | 200.00 | | | |
| | | exclusive of the filing fee paid for services | | Post-Petition: | 960.00 | | | |
| | | | - | Total: | 760.00 | | | |
| | В. | Prior to filing this statement, received | _ | | 200.00 | | | |
| | C. | The unpaid balance due and payable is | – | | 760.00 | | | |
| | [] | RETAINER | | | | | | |
| | A. | Amount of retainer received | - | | | | | |
| | В. | B. The undersigned shall bill against the retainer at an hourly rate of \$ [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer. | | | | | | |
| 3. | \$ | | | | | | | |
| 4. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.] | | | | | | | |
| | A. | A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; | | | | | | |
| | B. | | | | | | | |
| | C. D. | | | | | | | |
| | E. | E. Reaffirmations; | | | | | | |
| | F. G. | —Redemptions; | | | | | | |
| | G. | Other: All fees governed by Fee Agreement. | | | | | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee does not include the following services: ADVERSARY PROCEEDINGS, MISC. MOTIONS, ETC, SEE FEE AGREEMENTS | | | | | | | |
| 6. | The sou | rce of payments to the undersigned was from: | | | | | | |
| | AXX Debtor(s)' earnings, wages, compensation for services performed B. Other (describe, including the identity of payor) | | | | | | | |
| | 7. | The undersigned has not shared or agreed to share, with any other person corporation, any compensation paid or to be paid except as follows: | on, other than wi | th members of the u | indersigned's law firm | | | |
| Dated: | May 2 | 29, 2019 | s/ Ryan B. Mo | oran | | | | |
| | | | Attorney for the Ryan B. Morai Moran Law 25600 Woodw Suite 201 Royal Oak, MI | Debtor(s) n P70753 ard Ave | office.com | | | |
| A aroad. | lel Ar | nanda Jean Skwier | | | | | | |
| Agreed: | | nanda Jean Skwier nda Jean Skwier | | | | | | |
| | Debto | | Debtor | | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7 : | Liquidation |
|----------|------------|--------------------|
| Ç | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| Ş | 335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.